

Electronic Patent Application Fee Transmittal**Application Number:**

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Filing Date:

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Title of Invention:

Pharmaceutical composition

First Named Inventor/Applicant Name:

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Filer:

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Attorney Docket Number:

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U.S. National Stage under 35 USC 371 Filing Fees**Description****Fee Code****Quantity****Amount****Sub-Total in
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Notice of appeal

1401

1

540

540

Post-Allowance-and-Post-Issuance:**Extension-of-Time:**

Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
Extension - 2 months with \$0 paid	1252	1	490	490
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Total in USD (\$)				1030